

## SMALLPOX VACCINATION AND RESPONSE

### WHAT IS THE PUBLIC HEALTH ISSUE?

Smallpox is an extremely contagious and dangerous disease where 30% of all cases result in death. The last reported case in the United States occurred in 1949. The ring vaccination method was used to contain and eliminate the disease. Overall, the smallpox vaccinations proved very successful. In 1972, the vaccine was no longer administered, and in 1980 it was announced that smallpox was eradicated from the world. The risks of being infected are minimal, but the United States must still be prepared to respond quickly in the event of a terrorist attack using the smallpox virus. The smallpox vaccine can often prevent or substantially lessen the severity of infection when administered within a few days of exposure. CDC is taking action to protect the public from the dangers of smallpox by establishing response plans, developing vaccination policy and procedures, and providing training to professionals. CDC is committed to helping public health and healthcare communities improve smallpox preparedness and response.

### WHAT HAS CDC ACCOMPLISHED?

The list below highlights several of CDC's accomplishments regarding smallpox vaccination and demonstrates the growing success of its terrorism preparedness and response program.

- Supported the development of a federal plan to better protect people from the threat of smallpox.
- Collaborated with the Department of Health and Human Services's (HHS) Health Resources Services Administration to establish the Smallpox Vaccination Injury Compensation Program, authorized through the *Smallpox Emergency Personnel Protection Act of 2003* (Public Law 108-20, 117 Stat. 638). This program appropriated \$42 million to provide medical, lost employment income, and death benefits to eligible individuals.
- Provided all 62 state, local, and territorial State and Local Preparedness Cooperative Agreement grantees a summary of the smallpox "recipient activities" that are found in each of the Cooperative Agreement Focus Areas. This annex provided a framework for how grantees should include smallpox recipient activities in work plans for relevant Focus Areas.
- Requested and helped states develop pre-event and post-event response plans.
- Worked with state and local governments to form volunteer Smallpox Response Teams.
- Helped enhance the nation's supplies of smallpox vaccine and vaccinia immune globulin (VIG), a serum that is used to treat the most severe reactions to smallpox vaccine. The United States currently has sufficient quantities of the vaccine to vaccinate every person in the country in an emergency; there are sufficient quantities of VIG to treat all anticipated adverse events from the current vaccination program.
- Held 19 training and education sessions on smallpox that reached an estimated 800,000 clinicians, public health workers, and the general population.

### WHAT ARE THE NEXT STEPS?

- While the federal government is not recommending that the general public be vaccinated at this time, HHS is developing a process for making unlicensed vaccine available to those adult members of the general public without medical contraindications who want to be vaccinated either in 2003 with unlicensed vaccine, or in 2004, with licensed vaccine.
- Post-vaccination surveillance will be conducted for people receiving the smallpox vaccine. CDC is providing vaccination training for laboratorians and information on their role in diagnosing adverse events associated with smallpox vaccination.
- Training and education for Smallpox Response Teams will be critical; and, therefore, these teams will be provided information and instructions about pre- and post- vaccination. CDC will continue to educate clinicians about smallpox in conjunction with medical professional organizations.

For additional information on this or other CDC programs, visit [www.cdc.gov/program](http://www.cdc.gov/program)

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